**PLEASE ENCLOSE A SUPPORTING STATEMENT OF NOT MORE THAN 250 WORDS WITH THIS FORM -** *Please cover all your areas of interest & expertise*

**Self-nomination form for ………….……….. 2017/18**

|  |  |
| --- | --- |
| Surname  |  |
| First Name |  |
| Authority |  |
| Region  |  |
| Gender |  |
| Ethnic Group |  |
| Home phone number |  |
| Daytime phone number |  |
| Mobile phone number |  |
| Best contact address |  |
| Email address |  |

**Consent form**

**Authority………………………………………………………………………………………**

**Leader…………………………………………………………………………………………...**

I confirm that I have given consent to **­­­­­­­­­­­­­­­­­­­­­…………………………………………………………**

to apply for a position at the Local Government Association.

Signed:

Date: